

EP04.30: Desogestrel for ovarian recovery after high-response to stimulation (DORA-HRS): a preliminary audit

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Introduction

Severe OHSS remains a risk despite freeze-all strategies. Oral desogestrel offers an inexpensive approach to induce rapid luteolysis. We aimed to audit its efficacy in preventing severe OHSS interventions.

Methods

Clinical audit comparing a pre-implementation period (n=1052, no prophylaxis) with a post-implementation period (n=658, oral desogestrel 150 µg/day for 7 days post-retrieval). All women had ≥ 15 follicles ≥ 10 mm.

Results

The number of retrieved follicles was similar between groups. Main results are shown on **Table 1**. Additionally, most staff surveyed (29/32) perceived improvements in patient recovery after DORA-HRS. No tolerability issues were reported.

Conclusion

Post-retrieval administration of desogestrel is feasible, oral, inexpensive, and is associated with a reduced need for supportive OHSS interventions.

Table 1	Control N=1,052	DORA-HRS N=658	p
IV hydration	9 (0.9%)	0	0.02
Culdocentesis	8 (0.8%)	0	0.03
IV albumin	2 (0.2%)	0	0.5